

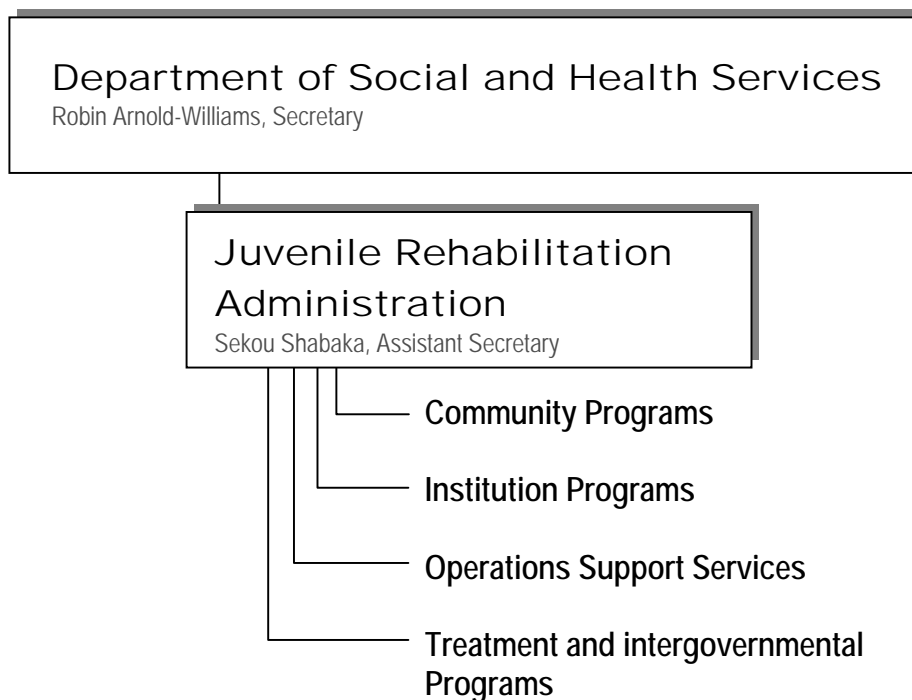


Strategic Plan 2007-2011  
**Juvenile Rehabilitation  
Administration**



*Washington State*  
Department of Social  
& Health Services

**Sekou Shabaka**  
Assistant Secretary  
July 1, 2006



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**Photo Front Cover:** Learning Welding Skills at Green Hill School

**Purpose of This Document**

This strategic plan communicates how JRA will advance our mission and goals in a changing environment and meet our future challenges, so that we can better serve deep end juvenile justice system youth in our care. This document is a road map that guides the business policies and improvement strategies for our organization, employees and partners.

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## Executive Summary

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During the timeframe addressed in this plan, JRA will continue to implement and expand the delivery of evidence-based interventions in the treatment and management of youth in residential care and under parole supervision in the community.

Recognizing that the majority of youth in JRA have mental health service requirements, the administration will continue to work toward full implementation of JRA's *Mental Health Systems Design* and to improve access to mental health services for youth under parole supervision.

Eighty-five percent of JRA youth are chemical dependent or substance abusers. JRA will improve inpatient and outpatient treatment for these youth by incorporating evidence-based cognitive/behavioral intervention for drug/alcohol related disorders. Additionally, JRA will work to expand inpatient, outpatient and aftercare treatment services for chemical dependent and substance abusing parolees.

Over 40 percent of JRA youth are youth of color versus 24% of this state's youth population. The first order challenge here for JRA is to serve and meet the needs of these youth and their families in ways that are relevant within the context of their cultural perspectives and expectations. In this regard, JRA is committed to implementing a Strength-Based service model that recognizes

- There is no one-size-fits-all assessment or program
- Cultural variables must be specifically included and considered in assessment and service planning
- Building upon the strengths of people in context with their ethnic, cultural, and community values and expectations is critical to effective prevention and intervention

The second order challenge is to directly reduce Disproportionate Minority Confinement by working to mobilize communities and facilitating targeted-community *grass roots* action dedicated to eradicating the *feeder* system of minority youth into the juvenile justice system. JRA is committed to investing in innovative projects and programs to positively engage communities with youth and youth with communities.

Other action areas of this strategic plan include:

- Providing equal service access to all youth in JRA care
- Further reducing incidents of violence in JRA residential facilities
- Strengthening and expanding education and vocational programs throughout the JRA continuum of care
- Improving treatment and management of sex offenders
- Advancing cultural diversity and cultural competence of the JRA workforce



# Chapter 1 • Our Guiding Directions

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## **MISSION**

Our mission is to protect the public, hold juvenile offenders accountable for their crimes, and reduce criminal behavior through a continuum of preventive, rehabilitative, and transition programs in residential and community settings.

## **VISION**

We will contribute to the quality of life in Washington State through the use of our leadership, resources, and the commitment of our staff to strengthen communities and services to juvenile offenders

## **GUIDING PRINCIPLES**

### **Community Protection**

We believe protection and safety for victims, communities, staff, and juvenile offenders in our care are of principal importance.

### **Youth Accountability**

We require accountability of juvenile offenders demonstrated by an awareness of the impact of their crimes on victims and by their compensation to victims and communities.

### **Youth Competency Development**

We believe our interventions can help juvenile offenders change through developing competence in skills that result in socially responsible behavior.

### **Staff Development and Participation**

We value employees and the critical role they play in implementing our mission. We support diversity, training, career development, promotion, safety, and job satisfaction.

### **Program Accountability**

We believe in program and staff accountability measured by compliance with accreditation standards and evaluation of organizational goal achievement, efficiency, and effectiveness.

### **Collaboration with Stakeholders**

We value collaboration with stakeholders, communities, and families in policy development, planning, and service delivery.

## PRIORITIES OF GOVERNMENT

JRA is connected with the Priority of Government for Public Safety. Our mission is to protect the public by preventing future criminal behavior by youth who come under our care; in other words, protection through rehabilitation and supervision. All of our strategic goals are strongly linked to rehabilitation and providing the types of services youth need to make positive change and live a crime free lifestyle.

### STATUTORY AUTHORITY

The Juvenile Rehabilitation Administration (JRA) is part of the Department of Social and Health Services (DSHS)\* and administers facilities and programs for juvenile offenders. Article XIII of the State of Washington Constitution provides the basic legal authority for the JRA. Revised Code of Washington (RCW) Title 13, Juvenile Courts and Juvenile Offenders, and RCW Title 72, State Institutions, provide the primary statutory authority for facilities and programs. The specific statutory authority for many of these facilities and programs are identified below.

**Chapter 13.06 RCW: CONSOLIDATED JUVENILE SERVICES PROGRAMS:** Local court services to pre-commitment juveniles, and authority for alternative sentences for juveniles who are eligible for JRA commitment.

**Chapter 13.24 RCW: THE INTERSTATE COMPACT ON JUVENILES:** Establishes a process to ensure the provision of probation and parole supervision when adjudicated juveniles move between states. The Compact also provides for the return of non-adjudicated runaways, escapees, and absconders.

**Chapter 13.40 RCW: The JUVENILE JUSTICE ACT of 1977:** The 1977 Juvenile Justice Act establishes a system of accountability and rehabilitative treatment for juvenile offenders. The purposes of the Act are equally important and include:

- ◆ Protect the citizenry from criminal behavior;
- ◆ Provide for determining whether accused juveniles have committed offenses as defined in the Act;
- ◆ Hold the juvenile offender accountable for his or her criminal behavior;
- ◆ Provide for punishment commensurate with the age, crime, and criminal history of the juvenile offender;
- ◆ Provide due process for juveniles alleged to have committed an offense;
- ◆ Provide necessary treatment, supervision, and custody for juvenile offenders;
- ◆ Provide for the handling of juvenile offenders by communities whenever consistent with public safety;
- ◆ Provide for restitution to victims of crime;
- ◆ Develop effective standards and goals for the operation, funding, and evaluation of all components of the juvenile justice system and related services at the state and local levels;
- ◆ Provide for a clear policy to determine what types of offenders shall receive punishment, treatment, or both, and to determine the jurisdictional limitations of the courts, institutions, and community services; and
- ◆ Encourage the parents, guardian, or custodian of the juvenile to actively participate in the juvenile justice process

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\* Chapter 43.20A RCW provides statutory authority for DSHS.



**RCW 13.80.010 through 13.80.050: LEARNING AND LIFE SKILLS CENTERS:**

Alternative high school programs operated by school district staff for JRA juveniles in community programs needing additional structure and individualized instruction.

**Chapter 28A.190 RCW: RESIDENTIAL EDUCATION PROGRAMS:** Establishes the authority and guidelines for school/educational programs within JRA.

**Chapter 72.05 RCW: RESIDENTIAL PROGRAMS:** Establishes the authority for the operation, supervision, management, and control of JRA residential programs.

**Chapter 72.16 RCW: GREEN HILL SCHOOL**

**Chapter 72.19 RCW: ECHO GLEN CHILDREN'S CENTER**

**Chapter 72.20 RCW: MAPLE LANE SCHOOL**

In addition, several federal courts have found that juveniles have a constitutional right to treatment rather than punishment alone. *Morgan v. Sproat*, 432 F. Supp. 1130 (Miss. 1977); *Training School v. Affleck*, 344 F. Supp. 1354 (D.R.I. 1972)



## Chapter 2 • The People We Serve

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### INTRODUCTION



Walking and talking on the Campus of Echo Glen Children's Center

### Introduction to Programs

About 1,000 youth are committed annually to JRA by county juvenile courts. These youngsters are typically serious and violent offenders or youth with extensive offense histories who have not responded to local sanctions and interventions. JRA youth are very much at the *deep end* of delinquent behavior. Youth come to JRA with complex disorders that are the root of their criminal behavior and that require aggressive treatment interventions.

JRA provides a continuum of care for these youth that encompasses locked maximum and medium security facilities, staff secure minimum-security facilities, and aftercare parole. Services for these youth are provided within the context of JRA's cognitive/behavioral based **Integrated Treatment Model**.

## DEMOGRAPHICS

**Statistics are for July 1, 2006**

### **GENDER**

	<b>Residential</b>		<b>Parole</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Male	746	90.5	662	9.3
Female	78	9.5	68	9.3

### **Total Population**

824 730

### **AGE**

	<b>Residential</b>		<b>Parole</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
8	0	0.0	0	0.0
9	0	0.0	0	0.0
10	0	0.0	0	0.0
11	0	0.0	0	0.0
12	7	0.8	1	0.1
13	24	2.9	7	1.0
14	55	6.7	31	4.2
15	102	12.4	73	10.0
16	188	22.8	124	17.0
17	238	28.9	174	23.8
18	151	18.3	180	24.7
19	43	5.2	80	11.0
20	16	1.9	59	8.1
	<b>Avg. Age 16.5</b>		<b>Avg. Age 17.1</b>	

### **ETHNICITY**

	<b>Residential</b>		<b>Parole</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Hispanic	129	15.7	94	12.9
Native American	46	5.6	33	4.5
Asian	37	4.5	20	2.7
Other Race	18	2.2	23	3.2
Caucasian	431	52.3	417	57.1
African American	151	18.3	130	17.8
Unreported	12	1.5	13	1.8

### **TYPES OF OFFENSES**

	<b>Residential</b>		<b>Parole</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Murder/Manslaughter	27	3.3	3	0.4
Robbery	117	14.2	53	7.1
Kidnapping	2	0.2	1	0.1
Rape/Rape of a Child	70	8.5	144	19.7
Other Sex Offense	76	9.2	169	23.2
Arson	18	2.2	8	1.1
Assault	123	14.9	85	11.6
Burglary	125	15.2	76	10.4
Motor Vehicle Theft	25	3.0	25	3.4
Theft	53	6.4	47	6.4
Criminal Trespass	1	0.1	0	0.0
Poss. Stolen Prop.	34	4.1	23	3.2
Malicious Mischief	13	1.6	17	2.3
Forgery	0	0	3	0.4
Escape	5	0.6	4	0.5
Drug Offense	38	4.6	37	5.1
Weapon Offense	27	3.3	11	1.5
Parole Revocation	28	3.4	0	0.0
Other Offense	41	5.0	24	3.3

## **DESCRIPTION OF SERVICES**

### **Secure Residential Care**

Youth committed to JRA begins their sentence in maximum or medium security care. JRA has three institutions with maximum and medium security housing (Green Hill School, Maple Lane School and Echo Glen Children's Center), one medium security forestry camp (Naselle Youth Camp), and a medium security military style basic-training camp (Camp Outlook). Approximately 700 youth are in secure care on any given day. Within an overarching context of cognitive/behavioral intervention, secure care services include quality academic programs, mental health management, DASA certified chemical-dependency treatment, sex offender treatment, vocational and work readiness training, and cultural programming. An elemental goal of secure care is to prepare youth to manage their behavior in progressively, less restrictive settings.

### **Community Based Residential Care**

Youngsters in institutions may earn a minimum-security classification by demonstrating increasing responsibility and finish their sentences in a Community Residential Facility (CRF). CRF's, generally referred to as group homes, are places where JRA youth can fine tune the cognitive/behavioral skills they have learned in institutions, practicing in normal community settings such as regular high school or in the workplace. In addition to providing continuing treatment, CRF's provide an array of learning and growth opportunities for youth prior to release to aftercare parole including college placement, vocational training, work experience, and community service. JRA has also implemented a community-based residential program in the Spokane area referred to as the Residential Treatment and Care Program (RTCP). This program replicates the Office of Juvenile Justice and Delinquency Prevention blueprint Multi-dimensional Treatment Foster Care program. Presently, up to five (5) low-risk RTCP youths are served in specially trained and supported care homes as an alternative to institutional placement.

### **Functional Family Parole Aftercare**

Virtually all JRA youth spend a period of time on Aftercare Parole when released from residential care. Parole ranges from 20 weeks for low through medium risk youth, 6 months for highest risk youth, and 24 to 36 months for certain sex offenders. Approximately 760 youth and families are receiving Aftercare Parole services on any given day.

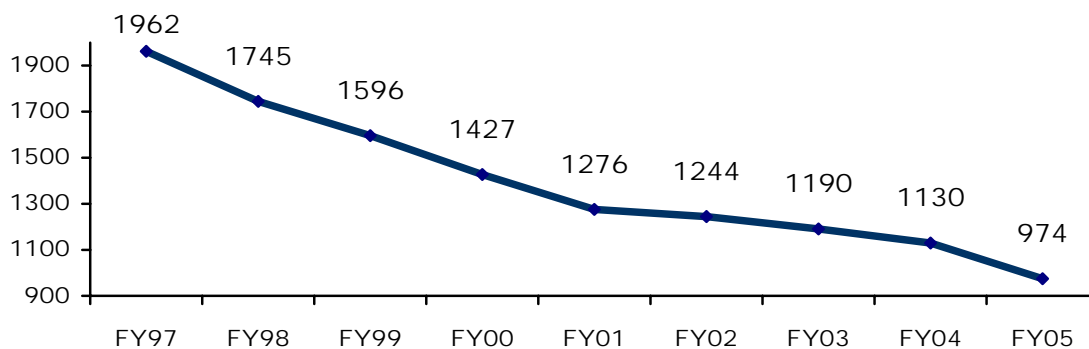
JRA recognizes that change begun in residential care will not be sustained unless it is supported in the family to which a youth returns. Accordingly, JRA gears aftercare services toward families rather than individual youth. Parole counselors are trained in a service delivery model referred to as *Functional Family Parole* (FFP). This model is based on the Federal Office of Juvenile Justice and Delinquency Prevention blueprint Functional Family Therapy model and focuses on techniques for motivating and engaging families in the rehabilitation process and teaching families to recognize and support positive changes made by youth. Parole counselors are also being trained to ensure a match between services to which families are referred and the particular relational dynamic within the family. Each parole region has a *Functional Family Parole* consultant on staff to advise and train parole counselors and ensure fidelity to the *Functional Family Parole* model. A caveat, however, is that Functional Family Therapy Inc. recommends a *maximum* caseload of 15 youths, while JRA is funded for a caseload of 20 youth per parole case manager.

## Chapter 3 • Appraisal of External Environment

### POTENTIAL CHANGES IN ECONOMY THAT CAN AFFECT CLIENTS' NEEDS

Washington's recent economic climate led to significant reduction in General Fund State allocations to JRA. This resulted in the closure of Mission Creek Youth Camp in 2001 with the loss of 60 beds in JRA's continuum of care. Also, JRA's capacity to deliver parole aftercare services has been progressively eroded by budget cuts from 2001 through 2005. This has taken the form of reductions in treatment coordinator positions; the elimination of case aide positions used to track and monitor parolees, transport youth to treatment, assist youth in meeting basic needs like housing and food; the loss of restorative justice work crews; and a 66% increase (12 to 20 youth) in Intensive Parole caseloads, Washington State's highest risk juvenile justice system youth.

A second external environment impact is the continuing reduction in the number of youth entering JRA care. This decline has been evident since 1997, as shown in the following graph:



Factors influencing the decline in JRA's population:

- ❑ All categories of juvenile crime have shown a downward trend since the mid 1990's, in Washington State as well as nationally
- ❑ By 2001, juvenile arrests for property crime were at the lowest point in three decades
- ❑ Fewer juvenile arrests has meant fewer juvenile convictions
- ❑ The decrease in juvenile convictions has resulted in fewer JRA commitments

The decline in population has required serious reductions in residential rated capacity related to caseload forecasts. Indian Ridge Youth Camp was closed in 1999 because of caseload reductions with a loss of 60 beds. Since 2001, the rated capacity of Maple Lane School has been reduced by 86 beds, Echo Glen Children's Center by 36 beds, Green Hill School by 78 beds, and Naselle Youth Camp by 37 beds. State Community

Residential Facilities are operating with 30 fewer beds than in 2001 and Contracted Community Facilities (privately operated group homes) by 51 fewer beds. JRA's caseload forecast continues on a downward trend and more bed reductions are anticipated in FY07. Impacts to JRA's population are also created with the enactment of new community based sentencing and disposition alternatives.

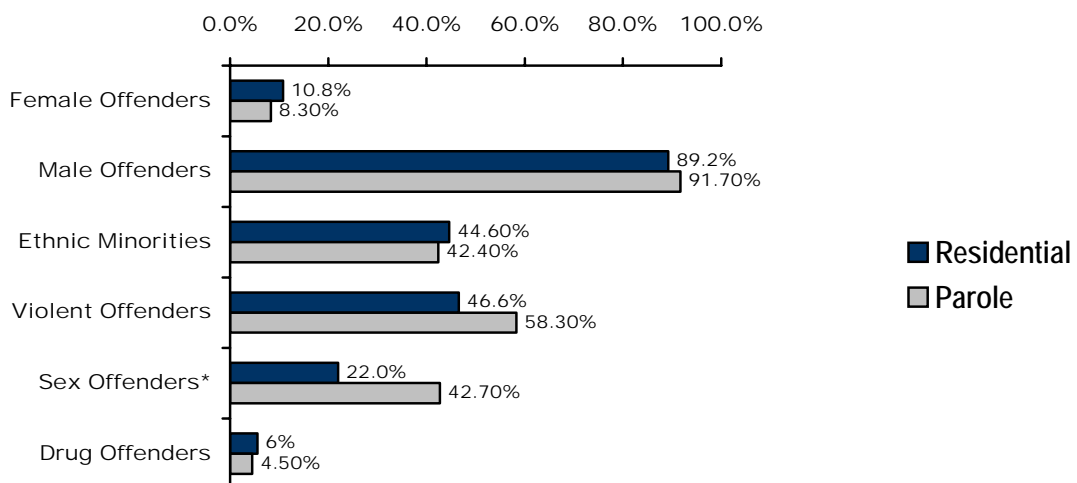
The implications of bed reduction within the JRA continuum of care, related to budget and population reductions, will be discussed in detail under the Challenges and Opportunities section of this document

## TRENDS IN DEMOGRAPHIC AND CUSTOMER CHARACTERISTICS

The county juvenile courts commit the most serious offenders in Washington to JRA. With rare exception, JRA clients have either been adjudicated for at least one serious or violent offense, or have an extensive history of lesser offenses. In the last several years, the profile of youth sent to JRA has seen several changes:

- ❑ Violent Offenders: 9.9% decrease since 1994
- ❑ Sex offenders: 0.4% increase since 1994
- ❑ Drug Offenders: 38.5% decrease since 1994
- ❑ Youths of Color: 0.2% increase since 1994
- ❑ Female Offenders: 24.2% increase since 1994
- ❑ Average Length of Stay: 15.8% increase since 1994
- ❑ DSHS Shared Services: Approximately 70% of JRA clients have received services from one or more other DSHS agency

Current population demographics include:



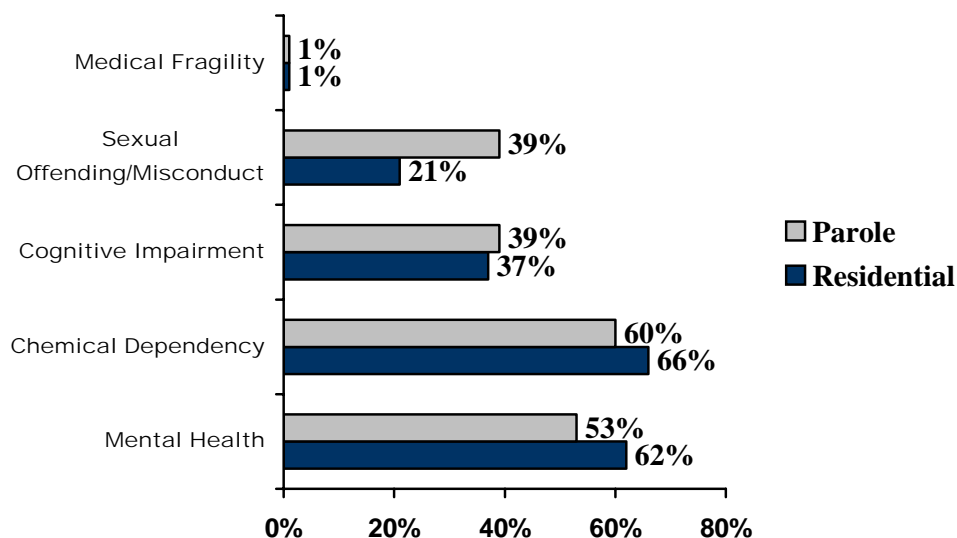
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In October 2001, JRA brought a new generation Management Information system, the **Client Activity Tracking System (CATS)**, on line. Work continues in developing the capacity of CATS to capture important management information and to streamline and organize case reporting requirements. Nevertheless, using the information contained and organized in CATS to date, JRA has developed a whole new clarity of understanding regarding the acuity and complexity of service needs of youth who have come under our care.

CATS tracks the percentage of JRA youth who require services in the following acute disorder areas:

- ❑ Mental Health
- ❑ Chemical Dependency
- ❑ Cognitive Impairment
- ❑ Sexual Offending and Misconduct
- ❑ Medical Fragility

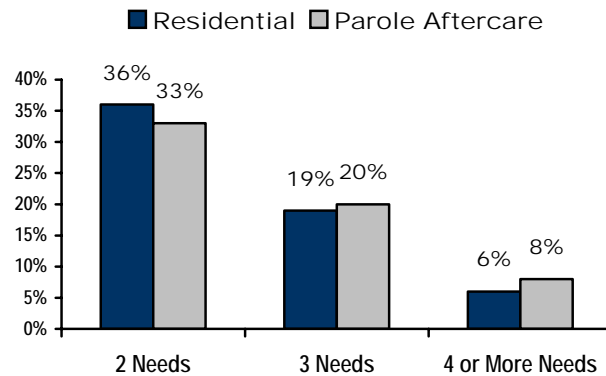
A typical snapshot of JRA youth shows the following services need pattern:





### Co-Occurring Disorders

Over 60% of JRA youth, both in residential care and parole aftercare, have two, three or four of the disorders identified above. A recent snapshot illustrates the complexity of service needs among JRA youth:



### Mental Health Target Population

JRA has an identified Mental Health Target Population (MHTP). Youth in this sub-population meet one or more of the following classification criteria:

- ☐ A current DSM-IV Axis 1 diagnosis, **excluding** those youth who have a sole diagnosis of Conduct Disorder, Oppositional Defiant Disorder, Pedophilia, Paraphilia, or Chemical Dependency

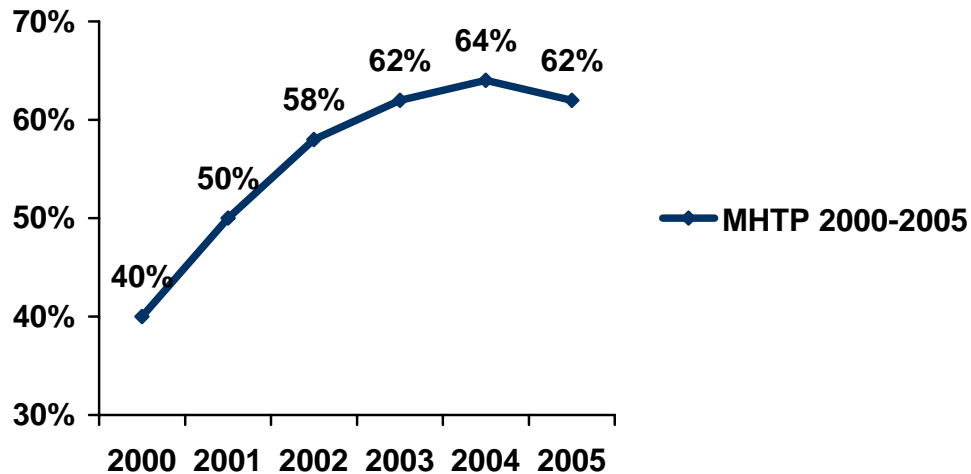
Or

- ☐ Is currently prescribed psychotropic medication

Or

- ☐ Has demonstrated suicidal behavior within the last six months

The MHTP is the largest sub-population in JRA care. When first applied to all JRA residential youth in September 2000, 40% of youth met criteria for inclusion in the MHTP. When repeated in July 2001, 50% of residential youth met the criteria. MHTP numbers peaked with 64% of youth meeting criteria in 2004.



Management and service delivery for the MHTP is complicated by the prevalence of co-occurring disorders also requiring treatment intervention. **In addition to having mental health disorders, approximately 90% of MHTP youth have one, two or three additional service needs related to cognitive impairment, sex offender issues, chemical dependency, or medical fragility. Approximately 70% of MHTP youth had received mental health services – including hospitalization - prior to commitment to JRA.** It is evident that this population requires significant resources to meet treatment and safety needs as well as public safety requirements.

Given the acuity and complexity of treatment needs among the JRA population, implementing effective interventions and strengthening transition services from residential settings to the community is crucial for successful reintegration. As research and evaluation continues regarding what "works" to strengthen protective factors and reduce risk factors with youth in the juvenile justice system, JRA continues – within available resources - to modify and expand interventions and services to reduce repetitive criminal behavior. Re-prioritizing resources, seeking additional funding and strengthening collaboration with major partners continues to be necessary to address client needs.

## ACTIVITIES LINK TO MAJOR PARTNERS

### **Juvenile Justice Continuum**

JRA and the 33 county juvenile court systems are major partners in implementing Chapter 13.40 RCW, the Juvenile Justice Act. While JRA services are provided at the end of the juvenile justice continuum of care, JRA administers the "Consolidated Contract" with the county juvenile courts to provide a variety of "front end" services to juvenile offenders including Community Juvenile Accountability Act programs and disposition alternatives for chemically dependent offenders and sex offenders.

### **Partnerships for research, evaluation, and program accountability**

JRA has contracted with the Washington State Institute for Public Policy and the University of Washington on projects designed to determine program success. These projects include evaluation of risk assessment tools and the effectiveness of Community Juvenile Accountability Act programs, the Chemical Dependency Disposition Alternative, Intensive Parole Services, the Basic Training Camp, Mentoring Programs, Dialectical Behavioral Therapy, and enhancing mental health service.

### **Partnerships for service delivery to youth committed to JRA**

In a time of decreasing funds and increasing demands on service delivery and program accountability, JRA continues to pursue partnerships with other agencies and DSHS administrations. Collaborating with other DSHS administrations, local governments/agencies, and families/caregivers to meet clients' needs is of critical importance in the JRA continuum of care. This is driven by the increase in clients with mental health issues, clients without post-release placement, clients requiring chemical abuse or dependency treatment, and the need to continue to strengthen transition services.

JRA works in partnership with Regional Support Networks (RSN's) throughout the state to ensure continuity of mental health care for Mental Health Target Population youth transitioning from JRA residential care to parole aftercare. Youth leaving JRA are connected with the RSN serving their home community for assessment, psychiatric care, and ongoing medication management. JRA partners with the Division of Alcohol and Substance Abuse to provide certified in-patient chemical dependency treatment at two institutions and to connect aftercare parole youth with appropriate community-based chemical dependency treatment.

JRA is involved in a collaborative project, the **Children's Mental Health Initiative**, with Children's Administration and the Health and Rehabilitation Services Administration (Mental Health Division) to develop a more integrated and better-coordinated approach by DSHS to serving the mental health needs of children and families connected with all three administrations. This project involves design of a multi-disciplinary approach for case management and service delivery for shared clients and their families.

Also, JRA is also working in partnership with the University of Washington to deliver structured transition services for MHTP youth with co-occurring chemical dependency issues. The partnership is referred to as the *Family Integration Transition* program. Providers trained and supervised by the University of Washington deliver Multi-systemic Therapy as the primary treatment modality, with secondary elements of Motivational Enhancement Therapy, and Dialectical Behavior Therapy. Work with youth and families begins two months before youth leave residential care and continues for four to six months in the community.

### **Partnerships with the education community**

JRA is working in partnership with school districts in Snoqualmie, Rochester, Chehalis, and Naselle to provide on campus high school and vocational education to institution youth. Both Maple Lane School and Green Hill Training School work in partnership with The Evergreen State College to provide on campus college level coursework for JRA youth. Learning Centers where JRA parolees can work on high school credit and GED

preparation are operated in Tacoma, Seattle, Everett, and Yakima, and Spokane in partnership with local school districts.

In 2003, JRA became affiliated with the Corrections Learning Network (CLN). JRA initially received a \$35,000 grant from CLN to purchase and install satellite dishes and video recording equipment at all of JRA's institutions, community facilities, and regional offices. Because of JRA's commitment to working with CLN, we became one of three full partners and received a \$100,000 grant that will be used to develop professional training videos to support JRA's new Integrated Treatment Model. The partnership developed with CLN has greatly enhanced JRA's ability to provide additional educational opportunities for youth in our residential programs as well as offering a wide variety of professional training opportunities for JRA staff.

## **STAKEHOLDER INPUT**

JRA's strategic goals and priorities have been shared broadly with stakeholders including legislators, judges, juvenile court administrators, prosecutors, the defense bar, victims advocacy groups, educators, and advisory committee members. There is strong support among stakeholders for the Integrated Treatment Model implemented by JRA and the overall priority of using research-based interventions. Stakeholders also recognize the need for involvement of families in the rehabilitation process, particularly as youth transition back to home communities from residential care. JRA's shift to family focused aftercare from offender focused aftercare and JRA's Functional Family Parole is viewed as an important development. Families and caregivers are surveyed regarding Functional Family Parole services and almost unanimously have voiced their support of the Functional Family Parole model and credit the services they have received with creating very positive communication and change within their homes.

## **FUTURE CHALLENGES AND OPPORTUNITIES**

### **Doing the Right Thing**

JRA has an opportunity that was never more real to truly make a difference in the lives of *deep end* juvenile justice system youth. The depth of information accessible via CATS regarding client service needs is unprecedented. Also, a research-based understanding of interventions that really work to meet those needs and reduce criminal recidivism by young people has come of age. JRA is vigorously responding to the challenge of applying evidence-based interventions in the care of youth with clearly acute and complex service needs. A primary focus for JRA is full implementation of the Integrated Treatment Model (ITM). JRA has been in the process of implementing the ITM since September 2002. The ITM is founded on evidence-based Cognitive Behavioral Treatment. Evidence-based components of the ITM in residential care include:

- ❑ Cognitive Behavioral Skills Training
- ❑ Dialectical Behavior Therapy
- ❑ Aggression Replacement Training
- ❑ Multi-disciplinary Case Management



Cognitive Behavioral Skills Training Group Echo Glen Children's

Youth are released from residential care to Functional Family Parole (FFP) aftercare. FFP is based on the federal Office of Juvenile Justice and Delinquency Prevention blueprint Functional Family Therapy model. This intervention focuses on techniques for motivating and engaging youths' families in the rehabilitation and reintegration process by showing families how to recognize and support positive changes made by youth. Integrated Treatment Model elements in FFP include:

- ❑ Multi-disciplinary Case Management
- ❑ Functional Family Therapy
- ❑ Family Integrative Therapy
- ❑ Aggression Replacement Training and Dialectal Behavior Therapy skills reinforcement
- ❑ Mentorship Programs

### **Achieving the Right Outcomes**

Elements of the Integrated Treatment Model have demonstrated significant reductions in felony recidivism in preliminary studies conducted by the Washington State Institute for Public Policy. Dialectical Behavior Therapy, for example, has reduced 12-month felony recidivism rates by 58% with projected cost savings of \$50 for every dollar spent. The JRA Aftercare Parole Mentorship Program has reduced 12-month felony recidivism by 34% with projected cost savings of \$7.68 for every dollar spent.

Nevertheless, great challenges remain. Foremost, is the challenge of maintaining a continuum of care that is consistent with the developmental, treatment and security requirements of JRA youth.

### **Maintaining the Right Continuum of Care**

JRA's continuum of care has been stretched to the limit since the closure of Indian Ridge Youth Camp in 1999 and Mission Creek Youth Camp in 2001. Closing another facility would seriously impede JRA's capacity to deliver effective rehabilitative services.

**First**, further shrinking of JRA's institutional continuum would require mixing incompatible sub-populations, resulting in genuine safety and security risks. It would not be safe, for example, to mix the older more sophisticated youth at Green Hill School with the younger boys and girls currently at Echo Glen Children's Center; likewise with the mental health population at Maple Lane School. In general terms, the potential for victimization of younger and less sophisticated youth is directly proportional to the proximity of older more sophisticated youth. Neither would it be consistent with community safety to place youth who would be better served in a secure institution in a relatively open medium security facility like Naselle Youth Camp, nor to place youth who are appropriate for youth camp placement in an unnecessarily restrictive setting like an institution. A "bed" is not just a bed. It is a facility placement for a young person. Unless the services and environment in a facility support and match the developmental, treatment, and security needs of the young people being served, there is genuine potential some will be harmed rather than helped.

**Second**, the loss of another institution would almost certainly result in overcrowding in remaining facilities. Overcrowding would gravely erode JRA's capacity to deliver quality, evidence-based programming. The priority in overcrowded institutions is always maintenance of a safe environment. In realistic terms, this means that the immediate focus of staff activity is *behavior management* rather than *behavior change*. In an overcrowded institution, treatment and intervention – *rehabilitation* – becomes secondary. Overcrowding residential programs severely limits staff's ability to coach, teach, mentor and provide skills training to youth and diminishes JRA's opportunity to provide effective evidence based treatment programs that reduce recidivism. Overcrowding also increases the number of sleeping rooms that will require double bunking of youth. Double bunking increases the risk and potential for peer to peer victimization and creates vulnerabilities related to tort liability. This is additionally concerning since JRA's double bunking level is already above the best practice stated by the American Correctional Association.

**Third**, there is growing support in Washington State for retaining youthful offenders locally for supervision and treatment as an alternative to commitment in JRA when doing so would be consistent with public safety and the service needs of youth can be met with local resources. The Sex Offender Disposition Alternative and Chemical Dependency Disposition Alternative are well established in Washington. In 2003, a Mental Health Disposition Alternative was enacted by the legislature. Sentencing Option B that allows juvenile courts to retain youth locally under suspended JRA commitment was re-established, and a local detention based alternative to JRA commitment was established as a pilot program. Except for the detention based alternative, retaining youth locally is a trend that JRA supports. Keeping youth in their home communities offers the greatest potential for meaningful and important family involvement in the rehabilitation process. In general terms, intervening with youth in their home communities is preferable and offers greater potential for success.

However, local alternatives to JRA commitment are realistic options principally for lowest risk youth with low severity and acuity of service needs. As disposition alternatives have become more established, JRA has become the option of choice for the highest risk

youth with the most serious, and complex service needs. In effect, the Washington State juvenile justice system youth who present the greatest management and service intervention challenges are concentrated in the JRA continuum of care. It is mission critical that JRA retain a continuum of care capable of responding to the complicated developmental, management, and treatment needs of this population.

With the decrease in JRA's residential population, there is "empty" bed space in residential facilities. In a period of fiscal restraint, it can be an attractive consideration to achieve savings by closing a JRA institution and consolidating population in the bed space of remaining facilities. This, however, is a far from practical consideration in light of the client safety issues and program losses that would result from mixing sub-populations and overcrowding.

Therefore, a most significant challenge faced by JRA is to effectively articulate the critical need for maintaining the existing continuum of care and to develop stakeholder support and secure the resources to do so.

An opportunity has been taken to put some of JRA's available bed space to suitable use. The Department of Corrections (DOC) Youthful Offender Program (YOP) has been located at Green Hill School since July 1, 2004. Prior to this, young men under 18 years of age who had been remanded, tried, and sentenced as adults were placed in the youthful offender program at the Clallam Bay Correctional Center. JRA is clearly better equipped to provide developmentally appropriate services for adolescent youth. Accordingly, JRA has accepted YOP youth for placement at Green Hill School. Approximately 35 YOP youth are housed at Green Hill School on any given day. Additionally, Echo Glen Children's Center has long been the placement for females under 18 years of age who have been remanded, tried, and sentenced as adults. Approximately 6 young women serving adult sentences are housed at Echo Glen on any given day. DOC youth, male and female, who are served in JRA under the interagency agreement, are returned to DOC custody when they reach the age of eighteen.

### **Disproportionate Minority Confinement**

Disproportionate Minority Confinement in correctional facilities is a national phenomenon in both juvenile and adult justice systems. Over 40% of the young people in JRA residential care are youth of color. Statewide, youth of color account for 24% of the state's juvenile population. In other words, youth of color are confined in JRA at almost double their proportion in the community.

The first order challenge here for JRA is to serve and meet the needs of these youth and their families in ways that are relevant within the context of their cultural perspectives and expectations. In this regard, JRA is committed to implementing a Strength-Based service model that recognizes

- There is no one-size-fits-all assessment or program
- Cultural variables must be specifically included and considered in assessment and service planning
- Building upon the strengths of people in context with their ethnic, cultural, and community values and expectations is critical to effective prevention and intervention

The second order challenge is to directly reduce Disproportionate Minority Confinement by working to mobilize communities and facilitating targeted *grass roots* community

involvement and support for eradicating the *feeder* system of minority youth into the juvenile justice system. JRA is committed to investing in innovative projects and programs to positively engage communities with youth and youth with communities.





## Chapter 4 • Goals, Objectives, Strategies and Performance Measures

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### **A: IMPROVE HEALTH CARE QUALITY AND ACCESS**

(POG: Improve the health of Washington citizens)

### **B: IMPROVE TREATMENT FOR MENTAL ILLNESS AND CHEMICAL DEPENDENCY**

(POG: Improve the health of Washington citizens)

**Goal:** Respond effectively to the mental health treatment needs of youth under JRA community supervision

#### **Objective 1: Improve access to mental health services for youth under JRA parole supervision**

##### **Strategies:**

- Streamline the process for helping eligible youth/families gain timely access to Medicaid services
- Explore potential for extending Medicaid coverage until age 21 for JRA parolees
- Establish stronger partnerships with RSN's and other mental health service providers
- Train staff to identify indicators of mental illness requiring service intervention
- Expand psychiatric consultation for community residential facilities

##### **Performance Measures:**

- Number of parolees receiving Medicaid support for psychiatric care

**Activities:** **B07** Parole Transitional Services for State Committed Juvenile Offenders

- Number of youth with mental health service plan in place at time of transition from residential care to parole aftercare

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

#### **Objective 2: Fully implement JRA Mental Health Systems Design**

##### **Strategies:**

- Advocate for full funding of Mental Health Systems Design
- Establish acute care, extended care, and mainstream Mental Health treatment units and Echo Glen Children's Center and Maple Lane School

##### **Performance Measures:**

- Mental Health Systems Design element implementations

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

**Goal 2: Respond effectively to the chemical dependency and substance abuse treatment needs of youth in JRA care**

**Objective 1: Implement evidence-based Cognitive/Behavioral interventions in JRA Chemical Dependency Treatment programs**

**Strategies:**

- Incorporate the following treatment modalities in JRA Chemical Dependency Treatment programs:
  - Dialectical Behavioral Therapy – Substance Abuse
  - Relapse Prevention Treatment Model
  - Motivational Enhancement Therapy
- Identify options to improve recruitment and retention of certified Chemical Dependency Professionals

**Performance Measures:**

- Number of JRA Chemical Dependency Treatment programs delivering and adhering to cognitive/behavioral interventions

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

- Number of youth successfully completing Chemical Dependency Treatment

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

- Number of Chemical Dependency Treatment Professionals employed in JRA continuum of care

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

**Objective 2: Improve community capacity for chemical dependency treatment for JRA parolees**

**Strategies:**

- Collaborate with the Division of Alcohol and Substance Abuse to access outpatient, inpatient, and aftercare treatment options for chemically dependent/substance abusing parolees

**Performance Measures:**

- Number of parolees receiving outpatient and inpatient chemical dependency/substance abuse treatment

**Activities:** **B072** Parole Transitional Services for State Committed Juvenile Offenders

## **C: IMPROVE CHILDREN'S SAFETY AND WELLBEING**

(POG: Improve the security of Washington's vulnerable children and adults)

### **Goal: Establish a culture of non-violence in JRA residential facilities**

#### **Objective 1: Reduce incidents of violence in JRA residential facilities**

##### **Strategies:**

- Invest in capital improvements that support safety, security, and therapeutic programming
- Deliver cognitive/behavioral skills training as the primary intervention in the JRA continuum of care to shape proactive/productive responses to problem situations
- Expand programs that connect and ground youth in the higher principles and values of their cultures of origin and integrate cognitive/behavioral problem solving skills
- Develop Violence Reduction skills training curriculum for youth that clearly defines violence and train staff in curriculum delivery
- Supervision, monitoring, and modeling of cognitive/behavioral problem solving skills by staff

##### **Performance Measures:**

- Changes in youth protective and risk factors connected to aggression identified Integrated Treatment Assessments

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

- Youth on youth assault

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

- Youth on staff assault

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

- Number of Incident Reports related to physical and verbal aggression/violence

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

- Findings of Abuse or Neglect in residential care programs

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

- Staff trained in violence reduction skills

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

- Performance Based Standards youth survey fields regarding safety

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders

#### **D: IMPROVE LONG TERM CARE**

(POG: Improve the security of Washington's vulnerable children and adults)

**Goal:** Fully implement JRA 10 year Capital Master Plan

**Objective 1: Construct a continuum of residential care that serves the security, treatment, transition, and developmental needs of youth committed to JRA care**

##### **Strategies:**

- Advocate for resources needed to implement capital construction, bed plan, and staffing ratio recommendations contained in the Master Plan
- Develop community residential facility placements for females
- Provide vocational training opportunities for females
- Fund evidence-based Residential Treatment and Care Program for lowest risk youth

##### **Performance Measures:**

- Master Plan recommendations implemented

**Activities:** **B046** Juvenile Rehabilitation Administration

- Number of females in community residential facilities

**Activities:** **B016** Community Facility Transition Services for State committed Juvenile Offenders

- Number of females receiving vocational training

**Activities: B045** Institutional Services for State Committed Juvenile Offenders;  
**B016** Community Facility Transition Services for State committed Juvenile Offenders

**E: INCREASE EMPLOYMENT AND SELF-SUFFICIENCY**

(POG: Improve the economic vitality of business and individuals)

**Goal:** Help committed youth become confident, competent, responsible, adults

**Objective 1: Strengthen and expand education and vocational programs throughout the JRA continuum of care**

**Strategies:**

- Support and expand Juvenile Vocational Industries Program (JVIP) for older youth at Green Hill School within resources
- Develop employability and skills necessary for economic independence through youth entrepreneurial programs
- Promote and support high school completion and education as a basic value for JRA youth

**Measures:**

- Number of youth participating in JVIP

**Activities: B045** Institutional Services for State Committed Juvenile Offenders

- Number of youth participating in entrepreneurial programs

**Activities: B045** Institutional Services for State Committed Juvenile Offenders;  
**B016** Community Facility Transition Services for State committed Juvenile Offenders;  
**B072** Parole Transitional Services for State Committed Juvenile Offenders

- Number of youth attending academic or vocational training programs

**Activities: Activities: B045** Institutional Services for State Committed Juvenile Offenders;  
**B016** Community Facility Transition Services for State committed Juvenile Offenders;  
**B072** Parole Transitional Services for State Committed Juvenile Offenders

- Number of youth graduating from high school or completing requirements for GED

**Activities: B045** Institutional Services for State Committed Juvenile Offenders;  
**B016** Community Facility Transition Services for State committed Juvenile Offenders;  
**B072** Parole Transitional Services for State Committed Juvenile Offenders

- Number of youth completing vocational education programs

**Activities: B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders

**Objective 2: Provide services and interventions that reduce criminal recidivism by increasing protective factors and reducing risk factors**

**Strategies:**

- Serve youth utilizing an Integrated Treatment Model that includes:
  - Cognitive/Behavioral Skills Training
  - Aggression Replacement Training
  - Functional Family Therapy Interventions
  - Mentoring
  - Mental Health Services
  - Multi-Systemic Therapy
  - Cultural Programming
  - Transition Planning

**Performance Measures:**

- Pre and post intervention risk and protective factors

**Activities: B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders

- Percentage of youth employed or attending school post residential care

**Activities: B072** Parole Transitional Services for State Committed Juvenile Offenders

- Percentage of youth convicted of new offenses within 18 months of release from residential care

**Activities: B046** Juvenile Rehabilitation Administration

**F: USE EFFECTIVE TREATMENT TO ENHANCE OUTCOMES**  
(POG: Improve the safety of people and property)

**Goal 1: Reduce recidivism by youth committed to JRA**

**Objective 1: Maintain a strong continuum of care for juveniles that delivers evidence-based treatment interventions, encourages and facilitates active family involvement, and promotes successful community reintegration**

**Strategies:**

- Provide a cognitive/behavioral based Integrated Treatment Model using evidence-based treatment modalities across the continuum of care
- Provide orientation for families on evidence-based services received by youth and how new skills can be supported and reinforced
- Provide evidence-based family focused aftercare and transition services for committed youth
- Implement quality assurance processes to ensure adherence and fidelity to research based models

**Performance Measures:**

- Pre and post intervention risk and protective factors

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders

- Service satisfaction surveys of youth and families

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders

- Percentage of youth convicted of new offenses within 18 months of release from JRA residential care

**Activities:** **B046** Juvenile Rehabilitation Administration

**Goal 2: Conduct culturally competent assessment with youth and families**

**Objective 1: Implement culturally competent assessment of youth and families that incorporates strength-based principles**

**Strategies:**

- Review and ensure that JRA client and family assessment tools incorporate strength based principles



- Develop staff competence in administering strength based assessment of families and youth
- Match youth and families to services based on strength based culturally competent assessment

**Performance Measures:**

- Strength Based Assessment instruments tested and implemented

**Activities: B046** Juvenile Rehabilitation Administration

- Service completion rates

**Activities: B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders

- Service satisfaction surveys of youth and families

**Activities: B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders

**Goal 3: Improve treatment and management of sex offenders**

**Objective 1: Implement evidence-based cognitive/behavioral interventions in sex offender treatment**

**Strategies:**

- Increased supervision and case contact/monitoring of high risk youth
- Align residential sex offender treatment curriculum with Integrated Treatment Model interventions
- Functional Family Therapy for sex offender parolees pilot program (Currently Regions 3, 4, & 6)
- Family Integrative Transition program placement for sex offender parolees and families (Currently Regions 3,4 & 5)
- Contract with community based sex offender treatment providers for cognitive/behavioral therapy services to parolees

**Measures:**

- Integrated Treatment Model aligned curriculum in use in JRA sex offender treatment programs

**Activities: B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

- Percentage of youth engaged in residential sex offender treatment

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders

- Number of sex offenders and families receiving Functional Family Therapy services

**Activities:** **B072** Parole Transitional Services for State Committed Juvenile Offenders

- Number of sex offenders and families receiving Family Integrative Transition services

**Activities:** **B072** Parole Transitional Services for State Committed Juvenile Offenders

## **Objective 2: Reduce sexual re-offense rate of JRA sex offenders**

### **Strategies:**

- Provide evidence-based cognitive/behavioral treatment in residential care
- Develop increased community supervision options for highest risk sex offenders
- Engage family members in supervision of sex offenders
- Develop transitional housing for homeless sex offenders that supports treatment, education, and emancipation goals
- Propose legislation as necessary to facilitate increased sex offender supervision
- Increased supervision and case contact/monitoring of high risk youth

### **Performance Measures:**

- Percentage of JRA sex offenders sexually re-offending within 36 months of release

**Activities:** **B046** Juvenile Rehabilitation Administration

- Percentage of JRA sex offenders who are homeless

**Activities:** **B072** Parole Transitional Services for State Committed Juvenile Offenders

- Percentage of JRA sex offenders in compliance with registration requirements

**Activities:** **B072** Parole Transitional Services for State Committed Juvenile Offenders

- Percentage of JRA sex offenders engaged in work or education while under parole supervision

**Activities:** **B072** Parole Transitional Services for State Committed Juvenile Offenders

## **G: REINFORCE STRONG MANAGEMENT TO INCREASE PUBLIC TRUST**

(POG: Improve the ability of state government to achieve results efficiently and effectively)

### **Goal 1: Achieve maximum public benefit through delivery of evidence-based intervention and treatment to juvenile offenders**

#### **Objective 1: Develop and sustain quality control/adherence standards to assure fidelity to evidence-based treatment modalities and practices delivered with JRA's Integrated Treatment Model**

##### **Strategies:**

- Consult with evidence-based model authors and experts in developing and applying adherence/quality control standards
- Train staff and managers in evidence-based practices and adherence standards
- Implement treatment/intervention adherence tracking tools for residential and community programs
- Use Integrated Treatment Model consultant positions in institutions and regions to coach, model, and direct ongoing adherence/quality control
- Maximize research capacity for adherence and outcome measurement within resources
- Develop decision package to fund quality assurance efforts related to evidence-based treatment adherence and Performance Based Standards reporting

##### **Performance Measures:**

- Percentage of staff/programs meeting or exceeding adherence goals in residential and parole services

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders

- Future public savings related to delivery of specific evidence-based interventions

**Activities:** **B046** Juvenile Rehabilitation Administration

- Percentage of youth convicted of new offenses within 18 months of release from JRA residential care

**Activities:** **B046** Juvenile Rehabilitation Administration

### **Goal 2:**

#### **Improve program accountability and business practices**

##### **Objective 1: Ensure compliance with JRA bulletins related to client health and safety**

**Strategies:**

- Develop internal audit checklists for bulletin compliance and complete quarterly
- Checklists submitted to and reviewed quarterly by division directors
- Performances expectations and standards related to bulletins clearly specified in Performance Description Forms
- Train staff to meet performance standards as needed
- Management oversight of employees performance standards
- Use external audit findings as opportunities for improving accountability and practices

**Performance Measures:**

- Number of worksites in compliance with client safety and health bulletin requirements

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

- Percent of staff performance evaluations completed on time

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

- Percent of staff with current Performance Development Plans

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

- Number of external audit findings

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

**Objective 2: Achieve maximum accountability and accuracy in financial management****Strategies:**

- Implement DSHS Risk Assessment and Self Evaluation
- Develop a list of business processes to be reviewed quarterly to insure appropriate business procedures are being followed (e.g., surprise cash audits, random equipment inventories, scan bill reviews)
- Checklists submitted to and reviewed quarterly by superintendents and regional administrators

- Performances expectations related to financial management and business processes clearly specified in Performance Description Forms
- Use external audit findings as opportunities for improving accountability and practices

**Performance Measures:**

- Number of worksites in compliance with Risk Assessment and Self Evaluation requirements

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

- Number of external audit findings

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

**H: STRENGTHEN DATA-DRIVEN DECISION MAKING**

(POG: Improve the ability of state government to achieve results efficiently and effectively)

**Goal 1: Develop capacity to allocate resources and respond to programmatic need based on solid data**

**Objective 1: Fully implement Client Activity Tracking System (CATS)**

**Strategies:**

- Automate case management documentation of client assessment, treatment needs, treatment plans, treatment interventions, and changes in dynamic client risk and protective factors
- Aggregate data using CATS information to develop clear understanding of client demographics, treatment needs, and effectiveness of intervention
- Use aggregated data to guide resource deployment and program development based on changing subpopulations and changes in youth treatment and management needs
- Train staff in CATS case management and other data input
- Train managers and supervisors in CATS data quality assurance

**Performance Measures:**

- CATS data modules developed and implemented

**Activities:** **B046** Juvenile Rehabilitation Administration

- Number of staff trained in case management and other data input

**Activities:** **B046** Juvenile Rehabilitation Administration

- Case management data inputs completed and documented in a timely manner

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders

## **I: VALUE AND DEVELOP EMPLOYEES**

(POG: Improve the ability of state government to achieve results efficiently and effectively)

**Goal:** Develop a culturally diverse and culturally competent workforce

**Objective 1: Improve completion rate of mandatory trainings, including Diversity training**

### **Strategies:**

- Train staff to present mandatory trainings – create local experts to provide local on-site training and share the resource with other JRA worksites
- Promote use of available on-line diversity and other mandatory training
- Include employee completion of mandatory training as a performance expectation in manager and supervisor work plans

### **Performance Measures:**

- Number of staff who have completed mandatory trainings for their job classes

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

- Number of staff trained to present mandatory trainings

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

- Number of mandatory trainings presented locally and number of staff trained

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

- Number of on line trainings –including diversity training – completed

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile

Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

## **Objective 2: Improve the workforce profile of under-represented groups**

### **Strategies:**

- Partner with 2 & 4 year colleges for recruitment of minority job candidates
  - Cooperative curriculum development focusing on cognitive/behavioral treatment
  - Intermittent/internship opportunities for minority students
  - Use of College Recruitment Programs
- Partner with DSHS Diversity Affairs Office in recruitment fairs, etc. and to diversify candidate pools for middle and upper management positions
- Include workforce diversification as an element in performance agreements of managers with hiring authority
- Develop consistent hiring practices that address recruitment, screening, panel composition, questions, identified answers and appointment approval process

### **Performance Measures:**

- Percentage of minority incumbents in JRA workforce

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

- Number of minority students engaged in intermittent/internship opportunities

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

- Number of minority candidates hired via the College Recruitment Program

**Activities:** **B045** Institutional Services for State Committed Juvenile Offenders; **B016** Community Facility Transition Services for State committed Juvenile Offenders; **B072** Parole Transitional Services for State Committed Juvenile Offenders; **B046** Juvenile Rehabilitation Administration

## **J: IMPROVE INTERNAL AND EXTERNAL PARTNERSHIPS**

(POG: Improve the ability of state government to achieve results efficiently and effectively)

### **Goal 1: Provide equitable treatment services to all youth in JRA care**

#### **Objective: Improve disproportionality rates in at least one client service**

*(Improve representation of Hispanic and other minority youth and families engaged in Family Integrative Transition program)*

**Strategies:**

- Expand Family Integrative Transition (FIT) program to Eastern Washington

**Performance Measures:**

- Percentage of Hispanic Youth and families engaged in the FIT program

**Activities: B072** Parole Transitional Services for State Committed Juvenile Offenders

- Percentage of African American, Native American, Asian, and "Other" youth and families engaged in FIT

**Activities: B072** Parole Transitional Services for State Committed Juvenile Offenders

**Goal 2: Reduce Disproportionate Minority contact in the Washington juvenile justice system**

**Objective: Engage targeted communities in prevention of Disproportionate Minority Contact of youth with the juvenile justice system**

**Strategies:**

- Investment in innovative prevention projects and programs to positively engage communities with youth and youth with communities
- Partnerships with stakeholders including parents, community activists, juvenile courts, law enforcement, schools
- Conduct symposiums and continuous research on national community mobilization models

**Performance Measures:**

- Increase in stakeholder (parents/caregivers, activists, educators, etc.) input and involvement in the care and treatment of JRA youth

**Activities: B046** Juvenile Rehabilitation Administration

- Increase in services delivered in target communities

**Activities: B046** Juvenile Rehabilitation Administration

- Proportion of minority youth contacted by the juvenile justice system relative to overall representation in youth population

**Activities: B046** Juvenile Rehabilitation Administration

- Percentage of minority youth in JRA care

**Activities: B046** Juvenile Rehabilitation Administration





## Chapter 5 • Performance Assessment

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### GOVERNMENT MANAGEMENT ACCOUNTABILITY AND PERFORMANCE

GMAP reporting is used to track adherence to evidence-based interventions used with committed youth. Evidence-based interventions both reduce recidivism and result in future public savings. However, these results can only be achieved if particular interventions are applied with high fidelity to the evidence-based model. Failure to achieve a high degree of adherence to and competent delivery of evidence-based treatment models can be counterproductive and, in fact, do more harm than good. The types of data we gather for GMAP purposes allow us to understand and target improvement in our level of adherence and competence in delivering evidence-based interventions and, ultimately, achieve better outcomes for youth, families, and communities.

### OTHER PERFORMANCE REVIEWS

JRA welcomes independent reviews and audits and views their results as confirmation of our desire to be accountable in our business and client service capacities or as a source of information we can use to improve performance.

### CLOSING PERFORMANCE GAPS

#### **Workforce Diversification**

17% of JRA staff are persons of color. More than 40% of JRA clients are youth of color. Statewide, youth of color account for 24% of the state's juvenile population. In other words, youth of color are confined in JRA at almost double their proportion in the community. It is important that youth entering JRA encounter staff with whom they can feel an immediate connection and comfort level and from which therapeutic relationships can develop. Therefore, JRA needs to develop a workforce that approximates the demographics of the youth in our care. Between FY 2001 and FY 2005, annual staff turnover in JRA has ranged from 11% to 13% or approximately 120 and 140 positions annually. JRA's Workforce Development Plan approaches staff turnover as an opportunity for workforce diversification through affirmative succession planning.

#### **Parolee Homelessness**

Homelessness among JRA parolees is an issue with opportunity for improved service delivery. Improvement in this area would not, however, be cost neutral. JRA is not funded to provide housing for parolees. JRA does occasionally fund housing on an emergency transitional basis. However, this can only be accomplished by diverting funds from mission critical services. A consistent process for providing transitional housing for parolees will require approval of a budget decision package and a dedicated funding stream.



## Chapter 6 • Internal Capacity Assessment

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### **WORKFORCE AND ORGANIZATIONAL CAPACITY**

JRA has ongoing recruitment and retentions issues. Recruitment challenges are primarily related to diversification of our workforce in an administration where the bulk of positions are in areas with very small minority populations. JRA is constantly seeking to improve minority hiring and is lately pursuing relationships with colleges and universities for recruitment purposes. There is high turnover in the JRA workforce, particularly among staff in case management positions. These employees typically leave JRA to take up employment as social workers in other state agencies at higher salary ranges. JRA currently has a classification and compensation proposal before the Personnel Resources Board that could reduce turnover in JRA by compensating staff at levels equal to social workers in other administrations.

### **TECHNOLOGY CAPACITY**

To achieve the results we desire from our evidence-based Integrated Treatment Model JRA requires a dynamic case management and management information system. We require the capacity to track client needs and outcomes related to treatment intervention. This data is critical for developing effective programming for clients and ultimately maximizing public benefit. JRA has been developing and implementing a comprehensive data management system since 2001, the Client Activity Tracking System, or **CATS**. This system has progressively given us more and clearer data on our client needs and demographics and the ability to aggregate data to guide program development and resource allocation.

### **FINANCIAL CAPACITY**

Current data reflects that the youth committed to the department have multiple service needs that require additional resources. Since 2000, the institution population requiring mental health services has increased by approximately 50 percent. JRA continues to request increased funding for our Mental Health Systems Design to provide treatment services for the current and projected population of youth requiring essential mental health services. Accessing resources to meet the treatment and supervision needs of these youth must remain an ongoing priority for JRA. Additionally, JRA continues to advocate for full funding of our Capital Master Plan which includes staffing levels consistent with the treatment and custody needs of the youth we serve and reducing double bunking of youth to match national standards.

Annual Juvenile Accountability Block Grant funding has dropped from \$2.5 million in FFY2003 to \$894k in FFY2005. This has impacted our ability to provide funding to local jurisdiction for evidence-based interventions (MST, FFT, ART), justice system personnel (Judges, probation officers, prosecutors), and information management. We are currently awaiting a ruling on across the board Targeted Case Management reductions of approximately \$1.5 million that would impact 43 parole services FTE's.

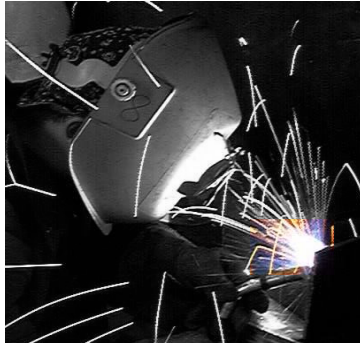
## **SERVICE DELIVERY CAPACITY**

Upwards of 60% of youth in JRA residential care meet Mental Health Target Population criteria. Psychiatric care is a critical need among this population. A consistent challenge JRA faces in this regard is the very limited availability of child psychiatrists available for contract services in Washington State in general and in the rural locations of JRA institutions in particular. Gaps in service when child psychiatrists terminate contracts until a new provider is found could erode JRA's ability to provide services needed by Mental Health Target Population youth.

JRA's Integrated Treatment Model provides youth with evidence-based treatment interventions. Model fidelity and adherence are vital to effective delivery of these interventions. Annual turnover among key direct service staff involved in delivery of the Integrated Treatment Model ranges from 16% to 36% by classification. It takes at least 12 months to train new staff in Integrated Treatment Model adherence requirements. The implication of this is that a significant number of direct service staff are in a mainly learning mode. Turnover of experienced direct service staff can diminish the gains achievable - both in terms of improving the lives of clients and future public savings - through practiced fidelity and adherence to research-based treatment modalities.







This document is also available electronically at:

[www1.dshs.wa.gov/strategic](http://www1.dshs.wa.gov/strategic)

Persons with disabilities may request a hard copy by contacting DSHS at: 360.902.7800, or TTY: 800.422.7930.

Questions about the strategic planning process may be directed to DSHS Constituent Services at: 1.800.737.0617.

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